Baltimore County Universal Intake Form

HMIS # _____ Entry Date _____

Case Worker _____ Exit Date _____

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____ SS#: _____

Date of Birth: _____

Date of Birth Type (Check One):

☐	Full DOB	☐	Approx/Partial
☐	Don't Know	☐	Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

☐	Yes	☐	No

Household Type (Check One):

☐	Cohabitation	☐	Foster Parent(s)	☐	Non – Custodial Caregiver(s)
☐	Couple w/ No Children	☐	Grandparent(s) & Children	☐	Other
☐	Female Single Parent	☐	Male Single Parent	☐	Two Parent Family

Primary Race (Check One):

☐	American Indian / Alaskan Native	☐	Don't Know
☐	Asian	☐	Refused
☐	Black / African American		
☐	Native Hawaiian / Other Pacific Islander		
☐	White		

Ethnicity (Check One):

☐	Hispanic / Latino	☐	Non Hispanic / Latino (Other)
☐	Don't Know	☐	Refused

Gender (Check One):

☐	Male	☐	Don't Know	☐	Transgendered Male to Female
☐	Female	☐	Other	☐	Transgendered Female to Male
		☐	Refused		

Marital Status (Check One):

☐	Cohabitation	☐	Married	☐	Single
☐	Divorced	☐	Separated	☐	Widowed

Is Client Homeless? (Check One):

☐	Yes	☐	No

Chronically Homeless? (Check One):

☐	Yes	☐	No

Date of Present Homelessness: _____

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☐ No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☐	Don't Know	☐	Refused	☐	Temporary
☐	Permanent	☐	Seasonal		

If Unemployed Looking For Work? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐	A Veteran's Disability Payment	☐	Other	☐	TANF
☐	Alimony / Spousal Support	☐	Pension	☐	Unemployment Insurance
☐	Child Support	☐	Private Disability Insurance	☐	Veteran's Pension
☐	Earned Income	☐	Retirement from SSI	☐	Worker's Compensation
☐	General Assistance	☐	SSDI		
☐	No Financial Resources	☐	SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐	MEDICAID	☐	Section8/Pub Housing/Rent Assist	☐	TANF child care svcs
☐	MEDICARE	☐	Special Suppl Nutrition(WIC only)	☐	TANF transportation svcs
☐	Other Source	☐	State Child Health Ins Prgm		
☐	Other TANF-funded services	☐	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☐ No

Disability Type (Check All That Apply):

☐	Alcohol Abuse	☐	Hearing Impaired	☐	Physical / Medical
☐	Developmental	☐	HIV/AIDS	☐	Physical / Mobility Limits
☐	Drug Abuse	☐	Mental Illness	☐	Vision Impaired
☐	Dual Diagnosis	☐	Other		

Pregnant? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐	Excellent	☐	Good	☐	Poor
☐	Very Good	☐	Fair	☐	Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

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